

213048107  
11406

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 90	Agency Case No. B3-116304	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 12/18/2013		TIME OF ACCIDENT 1440	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1445	12/19/2013	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. N 1st and W. Ost			ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE
C	DISTANCE FROM MILEPOST	FEET	N S E W	OF MILEPOST	HIGHWAY NO.	LONGITUDE
D	IF AT INTERSECTION			IF NOT AT INTERSECTION		
1	NAME OF INTERSECTING ROADWAY			OF NEAREST STREET, BRIDGE, RAILROAD CROSSING		
V1/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
02	MILES N S E W AND MILES N S E W OF NEAREST CITY OR TOWN					
V2/M	R. WORK ZONE CODES R1 R2 R3 R4 S. PEDESTRIAN CLASSIFICATION CODES S1 S2 S3 S4 S5-a S5-b S6-a S6-b					
01	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO					
E	VEHICLE NO. 1					
1	DRIVER LICENSE NO.	H12184536		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N	DRIVER SHEMIAH U NWANSI			PHONE	LOCAL NO.	
2	DRIVER ADDRESS CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)	06/01/1960	
V2/N	1948 F ST APT 2, LINCOLN, NE 68510			PHONE	LOCAL NO.	
2	OWNER SHEMIAH NWANSI			CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB411334	
G	OWNER ADDRESS CITY, STATE, ZIP			YEAR (Plate Expires)	2014	STATE (Of Plate) NE
6	LICENSE PLATE PA NO.	TGJ592		VEHICLE	1996	MAKE Honda
H	4	YEAR	1996	MAKE	Honda	MODEL UER
V1/O	1	VEHICLE	1996	MAKE	Honda	MODEL UER
1	VEHICLE ID NO. (VIN)	1HGCE6671TA023793		COLOR	blue	
V2/O	2	TOWED TO	TOWED BY		INSURANCE COMPANY	Progressive
2	TOWED TO		TOWED BY		POLICY NO.	901101458
I	VEHICLE NO. 2					
1	DRIVER LICENSE NO.	H12183742		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/P	DRIVER KEITH W CASHMAN			PHONE	402-909-4285	
1	DRIVER ADDRESS CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)	05/05/1973	
V2/P	5200 S 40TH ST APT 20, LINCOLN, NE 68516			PHONE	LOCAL NO.	
1	OWNER KEITH CASHMAN			CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> NO	CITATION NO.	
J	OWNER ADDRESS CITY, STATE, ZIP			YEAR (Plate Expires)	2014	STATE (Of Plate) NE
01	LICENSE PLATE PA NO.	SBU335		VEHICLE	1994	MAKE Ford
V1/Q	4	YEAR	1994	MAKE	Ford	MODEL MUS
4	VEHICLE	1994	MAKE	Ford	MODEL MUS	COLOR red
V2/Q	4	VEHICLE ID NO. (VIN)	1FALP404XRF133626		ESTIMATED DAMAGE	TOTALED \$ 250
K	02	TOWED TO	TOWED BY		INSURANCE COMPANY	Viking Insurance Company of Wisconsin
02	TOWED TO		TOWED BY		POLICY NO.	275640408
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
VEH. #	NAME	ADDRESS			3 Body Region	4 Injury Sev.
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		

# THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
B3-116304

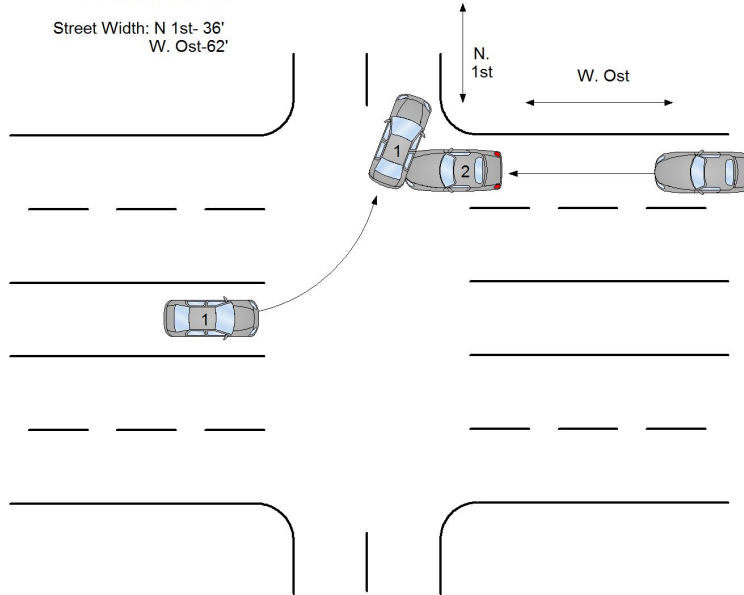


Indicate  
North  
by Arrow



POI: 9'11" West of N 1st  
9' 5" South of W. Ost

Street Width: N 1st- 36'  
W. Ost-62'



## DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Driver 2 stated he was driving westbound on W. Ost when he approached the intersection at N 1st and W. Ost. He stated he was driving through the intersection when driver 1 was turning left off of O st to go North on N 1st. He stated that he had a green light and driver two had pulled in front of him when the two vehicles hit. Driver 1 stated that he was at the intersection of N 1st and W. Ost and was turning left to go north on N 1st. He stated he had a green light. He stated that after he had turned left that driver 2 hit his vehicle. He also stated that he had a green light.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS					
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	(Enter numbers for each vehicle)															
1			X		W. Ost																
2				X	W. Ost																
1	06				06 Turning left																
2	01				08 Entering traffic lane																
					01 Essentially straight ahead																
					02 Backing																
					03 Changing lanes																
					04 Overtaking/ Passing																
					05 Turning right																
					13 Unknown																
					09 Leaving traffic lane																
					10 Parked																
					11 Slowing or stopped in traffic																
					12 Other																
					13 Unknown																
OFFICER NO. 950					TROOP/ TEAM/ BEAT 1					DEPARTMENT Lincoln Police Department					Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						
INVESTIGATOR NAME (Print or Type) Bryon Pachunka										INVESTIGATOR SIGNATURE Approved by Officer Byron Pachunka										DATE OF REPORT 12/19/2013	